

## Counseling for Mothers to Cope with their Autistic Children

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**Abstract:** This study is an experimental research aiming to evaluate the effect of counseling for mothers to cope with their autistic children (AC), through: 1) Identifying mothers' needs according to physical, social, motor, and emotional coping patterns for their autistic children, and 2) Developing counseling program according to mothers' needs and evaluating the effect of counseling on physical, social, motor, and emotional coping patterns of mothers. This study was conducted at the Special Needs Care Center in the Institute of Post-graduate Childhood Studies, Autistic and Psychiatric Clinics affiliated to Ain Shams University and Egypt Autistic Society. The sample of convenience consisted of 90 mothers providing care for their children suffering from autism. Data were collected through three tools: 1) Interviewing questionnaire to assess children's and their mothers' socio-demographic characteristics and mothers practices. 2) Family Impact of Childhood Disability (FICD) Scale, to assess subjective interpretation or primary appraisal of parent regarding to child with developmental disabilities into family systems and its impact on the family as an entity. 3) Medical records of the studied autistic children to determine the degree of disability. The main results revealed that the children were completely dependent on their mothers in basic daily activities also were prone to moderate and substantial degree of impact. There were statistically significant improvements in mothers' coping with needs of their autistic children. The study recommended that media focuses to increase people awareness with the aid of health team professionals in prompting tolerance and understanding of autism with a clear explanation, so individuals with autism will be better integrated in the society.

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**Key words:** Autism, Counseling, Mothers, Coping.

### 1. Introduction:

Autism is a complex developmental disability; it is a neurological based developmental disorder. Onset occurs before the child reaches the age of 36 months, that affects normal functioning of brain, it affects boys four times more than girls, the prevalence rates of autism in Egypt is increasing, there are 326 cases of autistic children (AC) aged from 4-12 years out from 152.234 total number of AC from total population estimated used, to listed only in the registry of Higher Institute for Children in Ain Shams, special Junior School and Egyptian Autistic Society (1).

Autism is different from all other disabilities; the characteristics of autism create additional stress for the parents and make the life of the family very hard. Usually the families are left alone to face the stressful challenge of raising a child with autism (2).

The impact of autism presents huge challenges to parents. Some life changing issues identified by parents include the child's resistance to change; the child is disparaging conduct and behaviors, sibling's ability to manage difficulties within the family dynamics and the parent's sense of isolation (3). In addition, families are also concerned with communication, education and related services, relationships with professionals and the independence of the child and his/her future concerns. The chronic

nature of autism can be draining to some parents and there is a risk of parents becoming exhausted (4). Parents having an autistic child will pass through several coping stages namely denial, anger, and guilt, bargaining and finally the acceptance; they must deal with the grief they feel over absence of healthy imagined child (5).

Coping is a process of readjusting attitude, feeling, perception and beliefs about self and others, while coping style is a particular coping mechanism used repeatedly by a person in different situations. However, coping strategies have two types; adaptive and mal-adaptive strategies. Adaptive coping strategies are mechanisms that can be used to make adverse circumstances less stressful and enhance adaptation to difficult circumstances. They include problem solving as well as emotion reducing strategies, while mal-adaptive coping strategies are mechanisms used to reduce a person's emotional response to stressful circumstances in a short term, but lead to greater difficulties in the long term (6).

The mothers of autistic children are vulnerable to psychological distress; families have been burdened by financial concerns, worries about health of autistic children. Coping with uncertainty about child's development is another source of stress, also appears to show high degree of depression and

chronic fatigue as there is inadequate support from community agencies (7).

Counseling is a scientific process, which is largely accepted by many of people. Whether its vocation guidance or coping with personal trauma counseling surely makes it easy to seek professional guidance. Counseling is a type of talking therapy. People talk to a counselor about their problems. Counselors are trained to listen sympathetically and can help people deal with any negative thoughts and feelings that they have (8).

Heiman determined that parents of children with autism either adapt flexibly and mobilize into effective action or freeze in various degrees of rigid, ineffective reactions, whereas others tend to resist or even deny the diagnosis itself. The nurse plays an important role in assessing the parents and families level of understanding about autism, their coping abilities, and their access to support groups or services, as well as their willingness to avail themselves of these services (9).

#### Magnitude of the Problem:

There is a dramatic increase in the incidence of autism from 1970s through 2008. This incidence increased to 150 in the last year. The prevalence rate of autism in Egypt is increasing, there is one child every 870 Egyptian children has autism (10). This indicates that a considerable number of parents are directly involved in caring of the children with autism. Furthermore, autism is a lifelong disorder that most of the families have to live and care their children on their own forever (11).

The nurse plays an important role regarding to the children and their families' condition, through counseling. The nurse can help people to discuss their problems honestly and openly, deal with issues that are preventing them from achieving their goals and ambitions, and have a more positive outlook on life (12).

#### Aim of the study

The aim of this study was to evaluate the effect of counseling for mothers to cope with their autistic children through:

- Identifying mothers' needs according to physical, social, motor, and emotional coping patterns for their autistic children.
- Developing a counseling program according to mothers' needs.
- Evaluating the effect of counseling on physical, social, motor, and emotional coping patterns of mothers.

#### Research questions

- What are the coping patterns of care provided by mothers to their AC?

- Is AC affecting the coping mechanisms of their families?

#### Hypothesis

Counseling will improve the physical, social, motor, and emotional coping patterns of mothers with autistic child.

## 2-Subjects and Methods

#### Research design:

A quasi experimental research design was used to conduct this study without using a control group and random sample.

#### Technical design

##### Setting:

This study was conducted at the Special Needs Care Center in the Institute of Post-graduate Childhood Studies affiliated to Ain Shams University and Egyptian Autistic Society.

#### Sample

The number of children who attended to the previous settings in the period of 2008 – 2009 was 160 autistic children. Those who were accompanied by their mothers were recruited for the study (90) according to this criterion: children free from chronic physical illnesses.

#### Tools of data collection:

Three tools were used for data collection:

#### I. A structured interviewing schedule developed by the researchers. It covered the following items:

- Socio-demographic characteristics of studied mothers of children suffering from autism such as: age, level of education, and occupation.
- Characteristics of studied children such as age, gender, order of birth.
- Mothers coping patterns : physical, social, motor, and emotional through asking questions regarding their care of autistic children such as hygiene (mouth care, brush teeth, cleaning nose, and bathing), feeding himself, using cup, elimination, and wearing clothes, encourage child for cooperation and communication, holding pencils, steady walking, and upwards stairs.

It included 13 items of daily activities, which suit the autistic children.

Each item has a possible three responses: 1= independent, 2= semi and 3 = dependent.

The scores of each item were summed-up and the total divided by the number of items giving a mean score of mothers' care. These scores were converted into a percent score.

- Mothers' care scored 75% and more, were considered having "Good" knowledge; "Average" knowledge scored 50 < 75%; and "Poor" knowledge scored less than 50%.

## II. Family Impact of Childhood Disability (FICD) Scale

It was originally developed by Trute and Hauch (13), it aimed to assess subjective interpretation or primary appraisal of parent regarding to child with developmental disabilities into family systems and its impact on the family as an entity. It consisted of 12 items such as my child disability needs more time for caring, disruption of normal family routines, the experience of caring for child brought family closer to God, it has led to additional financial costs. Each item was rated on a four-point Likert Scale: 1= Not at all, 2= Mild degree, 3= Moderate degree, and 4= Substantial degree.

## III. The medical records of the studied autistic children to determine the degree of disability.

**Validity test** was done by 5 of faculties' staff nursing experts from the pediatric and community specialties.

### Operational Design

#### Ethical consideration:

The researchers emphasized to children and their mothers that the study was voluntary and anonymous. Mothers had the full right to refuse to participate in the study or to withdraw at any time without giving any reason.

#### Pilot study

A pilot study was carried out on 7 mothers attending to the outpatient clinic at the Institute of Post-graduate Childhood Studies, Autistic and Psychiatric clinics affiliated to Ain Shams University in order to test the applicability of tools and clarity of the included questions as well as to estimate the average time needed to fill in the sheets. Those who shared in the pilot study were excluded from the main study sample.

#### Field work

- Preparation of data collection tools was carried out over a period of about four months from March 1, 2010 to end of June, 2010 after being revised from experts giving their opinions, and test validated.
- Official permissions were obtained from the Deans of the Faculties (Benha & El Menoufeya Faculties of Nursing), also administrators of the

Higher Institute for Children in Ain Shams University and the Egyptian Autistic Society.

- A pilot study was carried out to test clarity and simplicity of questions.
- Data collection was carried out over a period 5 months from beginning of June 2010 to end of October 2010, two days/week (Sundays and Tuesdays) from 10.00 a.m. to 1.00 p.m. for assessment 5 of children and their mothers/day, each mother was interviewed individually by the researchers as counselors for about 60 minutes to fill in the tools.
- At the end of the day, the implementation of the counseling program started with all mothers, in the waiting area after examination of children done by physician. To cover all the content of the counseling program for 6 mothers/day, it was taken 15 days to cover all (90) participated mothers.

Reassessment was done after two weeks during their follow up to evaluate the effect of the counseling contents on mothers' coping patterns for their autistic children.

### Counseling Program construction: it included 4 phases:

1. A pre-program assessment tool using an interview schedule for data collection for mothers and their children during attending to the outpatient clinics. A review of current and past, local and international related literature on different aspects of problems facing mothers of AC was done using textbooks, articles, periodicals, Internet, and magazines.
2. The counseling program was designed by the researchers based on results obtained from pre-program assessment tool; the content was revised and modified according to the related literature, it includes physical, social, motor, attention and concentration, and communication skills.
3. Implementation of the counseling program was done in the outpatient clinics in the waiting area after the children have been examined by physician, according to the general objective: improving mothers' coping patterns for their autistic children.

### Contents of the counseling program:

Mothers' care about coping patterns including daily activity needs of their autistic children as:

- Autistic child needs
- Coping patterns of mothers' care for their autistic children as:

Physical care: As hygiene (mouth care, brush teeth, cleaning nose, and bathing), feeding himself, using cup, elimination, and wearing clothes.

Social skills: As encouraging child for cooperation, and communication.

Motor skills: As holding pencils, steady walking, and upwards stairs.

The program was applied in two sessions, one hour each. In the first session, the researchers met the mothers individually in a privacy way to gain their trust after the child has been checked by a physician to discuss their problems and needs. Then in the second session, the researchers met all mothers to explain for them the objectives of the program using the type of counseling talking therapy, discussed their problems and needs honestly and openly, listened to them sympathetically to cope with their AC physically, socially, and emotionally, using discussions, role play, followed by demonstration and redemonstration. As well audio visual aids were used such as posters, handouts, booklets, using simple Arabic language for mothers.

4- Evaluation of the counseling program was done after two weeks from implementation of the program during their follow up by using the same pre-program format.

#### Administrative Design

Official permissions were obtained from the administrators of the Higher Institute for Children in Ain Shams University and Egyptian Autistic Society.

#### Statistical Design

The statistical analysis of data was done using the excel program and the statistical package for social science (SPSS) program version 11. The first part of data was a descriptive one. Data were revised, coded, and statistically analyzed using the proportion and percentage, the arithmetic mean  $\pm$  standard deviation ( $\pm$  SD). Qualitative categorical variables were compared using chi-square test.

#### 3. Results

Table (1) shows that; 67.7% of children with autism are boys, age for 47.8% of them ranged from 1-<5 years, 66.7% of them were in school age (1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> primary class), and 40 % of children were ranked as a first child. As revealed from the same table, 50% had a moderate degree of autism disabilities, and 52.3% of them their age ranged 2-<5 years when disability was discovered.

Table (2) denotes that, 50% of mothers' age were ranged from 25-<35, 42.3 % of them had university education and 68.9% were not working. As evidenced from the same table, the majority of them (83.4%) have negative family history of autism, and 72.3% of them were living in urban areas. As well

76.7 % of them had no consanguinity. The table also shows that for 68.9%, their family size was 5-6 persons.

Table (3) reveals that the children were dependent on their mothers in daily activities as bathing, elimination, wearing clothes; communication and holding pencil representing 67.8%, 51.1%, 55.5%, 47.8 and 63.4% respectively.

Table (4) indicates that the parent caregivers were prone to moderate and substantial degree of impact. All parents have a substantial degree of impact. Care of child brought family closer to God and additional financial cost, representing 100% for each of the items.

Table (5) reveals that there were improvements after the counseling program implementation for all aspects of mothers' care physical, social, emotional, motor, and communication skills. Regarding to motor skills before the program they had good score representing 36.7%, while after the counseling program they improved for 56.8% followed by physical (pre 19.5% vs post 55%); followed by social and communication skills ( pre 15.1%& 42.8% vs post 48.9%,& 48, respectively).

#### 4. Discussion

##### Characteristics of children with autism (Table 1)

The present study showed that more than two thirds of children with autism are boys. This result was supported by **Cohen et al.**, who mentioned that autism is four times more likely to appear in boys than in girls (14). This finding was also supported with that of **Hassan**, who studied caregivers' awareness regarding to autistic children and found that majority of children, were boys (15).

In relation to child's age, the present study finding revealed that, less than half of children with autism, their age ranged from 1-< 5. This finding was in accordance with that of **Wong**, who mentioned that the autism typically appears in the first 3 years of life (16).

The results of this study showed, that two fifths of children with autism were ranked the first child and for two thirds of them they were in the school age 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> primary class.

Regarding to the degree of autism, the current study result showed that half of study sample have moderate degree of autism followed by slightly less than one third of children have mild degree, and the least representing less than one fifth of them have severe degree. This finding is inconsistent with [http://www.what is Autism - Autism Egypt\\_com.htm](http://www.what is Autism - Autism Egypt_com.htm), which proved that, the degree of autism can range from mild to severe, whereas mildly affected individuals may appear very close to normal. However, severely affected individuals may have an

extreme intellectual disability and are unable to function in almost any setting (17).

**Table (1): Distribution of children with autism according to their characteristics (n= 90)**

Items	No	%
<b>Gender</b>		
Boys	61	67.7
Girls	29	32.3
<b>Age</b>		
1-	43	47.8
5-	26	28.9
10+	21	23.3
<b>Educational level</b>		
Nursery	30	33.3
School age (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> primary class)	60	7.66
<b>Order of birth</b>		
First	36	40
Middle	25	27.7
Last	19	21.2
Only	10	11.1
<b>Degree of autism disability</b>		
Mild	29	32.2
Moderate	45	50
Severe	16	17.8
<b>Child's age (in years) when autism disability discovered</b>		
1-	26	28.8
2- < 5	47	52.3
5+	17	18.9

**Table (2): Distribution of studied mothers according to their socio-demographic characteristics (n= 90)**

Item	No	%
<b>Age (years)</b>		
25-	40	44.4
35-	37	41.1
45+	8	9
<b>Education</b>		
Illiterate	13	14.4
Read & write	20	22.2
Intermediate school	19	21.1
University	38	42.3
<b>Occupation</b>		
Working	28	31.1
Not working	62	68.9
<b>Family history of autism</b>		
Positive	15	16.6
Negative	75	83.4
<b>Residence area</b>		
Rural	25	27.7
Urban	65	72.3
<b>Family size</b>		
3-4	12	13.3
5-6	62	68.9
>6	16	17.8
<b>Consanguinity</b>		
Yes	21	23.3
No	69	76.7

According to research question No 1:  
What are the coping patterns of care provided by mothers to their AS?

Table (3): Distribution of mothers according to coping patterns of care for their children with autism

Items	Independent		Semi-dependent		Dependent	
	No	%	No	%	No	%
<b>Physical Care</b>						
Hygiene:						
-Mouth care	14	15.5	59	65.5	17	19.0
-Brush teeth	18	20.0	45	50.0	27	30.0
-Cleaning nose	10	11.1	39	43.4	41	45.5
-Bathing	8	8.9	21	23.3	61	67.8
<b>Feeding himself</b>	25	27.8	45	50.0	20	22.2
Using Cup	20	22.2	25	27.8	45	50.0
<b>Elimination</b>	17	18.9	27	30.0	46	51.1
<b>Wearing clothes</b>	11	12.2	29	32.3	50	55.5
<b>Social Skills</b>						
Encourage child to be cooperative	15	16.6	40	44.4	35	39.0
Communication	12	13.3	35	39.0	43	47.8
<b>Motor Skills</b>						
Holding pencils	15	16.6	18	20.0	57	63.4
Steady walking	69	76.7	15	16.6	6	6.7
Upward stairs	67	74.4	15	16.6	8	9.0

## According to research question No 2:

- Are autistic children affecting the coping mechanism of their families?

Table (4): Impact of child with autism on family caregivers (n = 90)

Items	Not at all	To a mild degree	To moderate degree	To a substantial degree	χ <sup>2</sup>	P-value
	%	%	%	%		
My child disability needs more time for caring	-	11.1	16.7	72.2	61.66	.000***
Disruption of normal family routines	-	16.7	18.9	64.4	39.26	.000***
The experience of caring for child brought family closer to God	-	-	-	100	30	.000***
It has led to additional financial costs	-	-	-	100	30	.000***
Having a child with autism has led to an improved relationship with spouse	12.2	18.9	20.0	48.9	28.66	.000***
Having a child with autism has led to limitation in social contact outside the home	6.7	16.7	26.7	50.0	37.20	.000***
The experience of caring for a child has made us to terms with what should be valued in life	-	10.0	17.8	72.2	62.06	.000***
We have to postpone or cancel major holidays	16.7	13.3	26.7	43.3	19.60	.000***
It has led to reduction in time parents could spend with their friends	8.9	27.8	41.1	22.2	19.24	.000***
The situation led to stress with spouse	8.9	12.2	25.6	53.3	44.13	.000***
Because of the circumstances of child disability there has been postponement of major purchases	5.6	15.6	28.9	50.0	39.86	.000***
Raising a child with autism made life more meaningful for family members	10	30.0	18.9	41.1	19.68	.000***

**According to research Hypothesis  
Counselling will improve the physical, social,  
motor and emotional coping patterns of mothers  
with autistic child.**

**Table (5): Distribution of the studied mothers  
about physical, social, motor, emotional care  
of their children suffering from autism  
pre/post counseling program (n = 90 ).**

Mothers' Care	Total number of mothers (n = 90 )					
	Good (75% +)		Average (50-<75 %)		Poor (< 50%)	
	Pre %	Post %	Pre %	Post %	Pre %	Post %
Physical care skills	19.5	∞	34.3	21.7	46.2	23.3
Social skills	15.1	48.9	25	41.1	49.9	20
Motor skills	36.7	56.8	22.2	27.6	41.1	37.6
Attention & concentration skills	23.2	35.8	41.3	46.5	35.5	17.7
Communication skills	42.8	48	32	32	25.2	20

As regards child's age when autism was discovered, the present study result indicated that for more than half of children autism was discovered in age 2-<5. This result is to some extent supported by that of **Ray and Rutherford**, in that the patterns of autistic behavior disorders do not emerge until the child is between 18 months and 3 years (18).

#### **Socio-demographic characteristics of mothers (Table 2)**

The current study results showed that half of mothers' age ranged from 25-<35 years and more than two fifths were highly educated. As well, more than two thirds of mothers were not working and less than three quarters of them reside urban areas. These findings were in accordance with those of **Attiya**, who found in his study that, age of the mothers ranged between 31-< 38 years, more than half were housewives, and the majority of them were highly educated and living in urban areas (19).

As regards family history of autism, results of the current study showed that, the minority of studied families accounting for less than fifth had positive history. As reported by the Autism Society of America there is probably no single gene or genetic defect that is responsible for autism (20).

#### **Mothers' coping patterns of care for their children with autism**

The results of present study (Tables 3 & 5) revealed, that most children with autism were semi-dependent or dependent respectively in performing daily activities. The results indicated that the children are

in need for complete assistance in daily activities as bathing, elimination and wearing clothes (table 3). In this respect, **Johnson and Myers** reported that autistic children have a physical limitation and identified also that more than two thirds of autistic children are disabled in dressing, i.e. wearing clothes (21). Also the previous results are in accordance with Hassan, who found that mothers provide complete help for autistic children in most aspects of child care, as cleanliness, and wearing clothes (15). The present study results also indicated that there were improvements after the counseling program implementation for all aspects of mothers' physical care for their autistic children since they got good score as compared with before. In this respect, **Cohen and Volkmar** stated that parents typically are active partners in their children's education to ensure that skills learned in the educational program, they transfer to the home setting and teach their children many behaviors that are best mastered in the home and community (22). The present result showed that the mothers were using different approaches in training children with autism. About physical care skills, it was observed that washing hands before and after eating, using cup for drinking or using absorbent in drinking fluid, and using gestures when he/she has needs to go to bathroom are the most activities, where the mothers were providing training. This may be due to that these are the basic elements in daily activities in child's life, so mothers have tried very hardly to cope with their children's needs.

As regards social skills, the present study result showed that the majority of children with autism needed complete assistance in communication (table 3). The results also indicated that there were improvements after the counseling program implementation for mothers' regarding to social skills to care of their autistic children as they had good score in social and communication skills when comparing pre versus post scores (table 5). In a similar study, **Rogers** clarified that children with autistic disorders are typically characterized by a lack of social connectedness, difficulties with communication, and unusual, repetitive behaviors (23). As well, the previous results are in accordance with **Zander**, who mentioned that more than half of the children with autism have problems in understanding communication (24). The previous findings might be attributed to that most of autistic children have difficulty with auditory processing and avoidance to social behavior. The children with autism have significant delay in reaching developmental milestones, therefore they have low muscle tone, and additionally they have great difficulties in understanding the purpose and social meaning of behaviors. As well this may be due to that

children have no content or information, use words in the way that does not make sense, use of body movement instead of words and are not able to pay attention for long time. Moreover, most of them are living in urban areas (table 1), and this may require that mothers of the autistic children let them cope with the society.

Concerning attention and concentration skills, less than half of mothers had got average score after implementation of the counseling program (table 5). They are helping their autistic children in grasping child attention for something for long period and do some exercises that increase mouth coordination, that the autistic children have unusual sensitivities to sounds; sights and modulation of speech are often odd. The previous results are congruent with those of a study carried out by **Gray**, studying the effects of task difficulty on parents teaching skills and behavior problems of young children with autism, the researcher trained 15 mothers having autistic children on how to deal with problems and decrease behavioral problems and revealed that, the children's skills improved by education of their mothers (4).

As regards motor skills, the present result revealed that more than three fifths of the autistic children were dependent on their mothers in holding pencil, (table 3), while less than three fifths of mothers devoted more effort in developing motors skills for their children, that before the program more than one third had good score while after the counseling program they improved to be less than three fifths (table 5). This explanation is supported by **Adams and Edelson**, who found that 30% of autistic children have moderate to severe loss of muscle tone, and this can limit their gross and fine motor skills. As well, they mentioned that mothers of children with autism play a critical role in supporting their children in most learning skills (25). Generally, this improvement after implementation of the counseling program might be due to that the majority of studied mothers are highly educated (table 2), and counseling can be a positive way of addressing any unresolved issues. It can help parent to understand their problems better, rather than ignoring them and hoping that they will go away. It can also give a better understanding of parent's points of view.

#### **Impact of child with autism on family caregivers**

The results of present study (table 4) clarified that children with autism were prone to a substantial impact on their families. This may be due to that children with autism have distinct characteristics; they are not able to express their basic wants or needs. Therefore, parents are left playing a guessing game. When parent cannot determine their child's needs, both are left feeling frustrated.

Considering that all parents have financial hardship, this study finding was consistent with that of **Sivberg**, who revealed that, the cost to a family who have child with autism can be overwhelming between treatment, specialized child care (if both parents are employed), or lost income, not to mention any medical conditions associated with their autistic child. This might be due to that caring for children with autism can drain families' resources for diagnosis and follow up visits. Additionally, most of mothers might give up their job because of the care giving demands of raising children with autism, financial strains may be exacerbated by only having one income to support all of the families' needs (26).

In the current study, the experience of that caring for a child with autism brought the family closer to God; to a substantial degree as reported by all family caregivers. This finding was in accordance with **Gupta and Singhal** who investigated cultural beliefs and attitudes of a community towards disability (27). Their results revealed that one such instance is the belief in the theory of Karatma, which is often invoked to explain major life events, including the occurrence of disability. It has been shown that people tend to accept their own disability as something which has resulted from their past

Karatma or due to God's will, some parents see the child illness as having a positive impact. This reflects the spiritual domain in individual life; God is the most support among all systems. The whole family tends to accept their own disabilities as fate due to God's will (26).

Some of mothers explained that "the experience of caring for a child has made us to terms with what should be valued in life". This result is consistent with **Altieri**, who explained that positive perceptions could be viewed as a factor ameliorating the impact of a child's disability on family members. Positive effect might help to reinforce psychological and physical resources during stress, acts as a buffer against the adverse physiological consequences of stress and helps to protect against clinical depression (28).

Congruent with this study result, in that caring for a child with autism takes more effort and time in their study, **Rivers and Stoneman** explained that caring for a child with autism can be twenty-four hours, and seven days a week job, throughout the child's entire lifetime (29). This result is similar to that of **Montes and Halterman**, who compared functioning and coping among mothers of children with autism with general population and found that a significantly higher percentage of mothers with a child with autism reported that their children were much harder to care for than most children of their age without autism (85.6% vs. 30.8%;  $P < .001$ ). Similarly, most mothers

of children with autism reported that they had given up more of their lives than expected during the previous month to meet their children's needs (68.3% vs. 40.9%;  $P < .001$ ) (30). These findings might be attributed to due to increased amount of care, given by AC mothers, which requires giving time to a child with autism due to that the mother spends long time to understand his/her needs. Additionally, children with autism have resistance to change; their mothers may have little time for themselves or other family members. Majority of mothers explained that the children with autism are not able to share ideas or express feelings leading to give up all other activities in house and outside house.

Surprisingly, in the current study, while more than half of mothers reported that the situation of the presence of a child with autism in the family led to stress with spouse; to a substation degree less than half of them told that "having a child with autism has led to an improved relationship with spouse" This result is contradicting with **Gray**, who found that parents of children with autism are at a high risk for marital discord as more than half of the families under study had a weak affection bond between the parents (31). However, in the current study, findings might be due to that it is the first child (table 1); so both parents struggle to maintain healthy living pattern for their child. They have strong affection bound between them to overcome any stress facing them.

The parents perceived the child's illness as having a negative impact on their families that half of mothers mentioned that having a child with autism has led to limitation in social contact outside the home, which might be attributed to that caring for the child needs more time. This result is similar to that of **Mulhauser**, which explained that frequently families with autistic children themselves cope with judgments, criticism, and intolerance of neighbors, friends and relatives, whereas, on the contrary, they need so much solidarity and support (32). This could be due to that the child with autism needs constant supervision for 24 hours and usually no one is helping mother in caring for him and managing home activities. Most of mothers found difficulties in meeting their children's needs that lead to cancel holidays, not calling or inviting friends, adding to that they are annoyed from others comments.

### Conclusion

Based on results of the current study, research questions, and hypothesis the following can be concluded:

Coping patterns of mothers' care for their autistic children included physical care as hygiene (mouth care, brush teeth, cleaning nose, and bathing),

feeding himself, using cup, elimination, and wearing clothes. Social skills include encouraging child for cooperation and communication, while motor skills deals with holding pencils, steady walking, and upwards stairs. Additionally and most of children with autism were dependent on their mothers in daily activities as bathing, elimination, wearing clothes; communication and holding pencil. A child with autism leads to substantial degree of impact on his family life and parent caregivers. Care of the autistic child brought family closer to God, additional financial costs, and needs for more effort and time. There was improvement after the counseling program implementation for all aspects of coping patterns of mothers' care physical, social, emotional, motor, and communication skills for their autistic children.

### Recommendations

Based on the results of the present study, research questions, and hypothesis, it was recommended that: Continuous health education and counseling programs are necessary to improve mothers 'coping patterns toward care of their autistic children through:

- Discussing child problems and needs.
- Applying guidance including information about community resources, and comprehensive coping care needs as physical, social, emotional, motor, and communication skills to be provided for children with autism in order to meet their needs and prevent further complications.
- Reassuring the importance of follow up care.

### Community awareness:

- Early detection for mothers of AC through systematic assessment and planned screening programs.
- Continuous follow up for these children through activities, school health social services, and skills in collaboration with school and related centers.
- Media awareness to aid health team professionals in prompting tolerance and understanding of autism with a clear explanation and a focus on increasing awareness, as individuals with autism will be better when integrated in the society.
- Families of children with autism should be in close contact with schools, society and related clinics of their children through families' regular meetings/conferences.
- Establishing special schools for autistic children in different provinces in Egypt.
- More researches are needed to identify most common family problems in the community, and available resources that meet family needs.

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